

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90069 046 ***150.00

DOCUMENT # P98000087189

1. Entity Name

MARINE MEDICAL SUPPLY, INC.

Principal Place of Business

~~4325 SOUTH ANDREWS AVE~~
~~FORT LAUDERDALE FL 33316~~

Mailing Address

C/O GROFFER AND ASSOCIATES
1650 SOUTHEAST 17TH STREET # 301
FORT LAUDERDALE FL 33316-1735

2. Principal Place of Business

312 BONTONA AVENUE

3. Mailing Address

46 GRUBER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FORT LAUDERDALE FL

4. FEI Number

65-0199211

Applied For

Not Applicable

Zip

Country

Zip

Country

33301-2418

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DERBY, BRUCE M

1625 SOUTH ANDREWS AVENUE

16

FORT LAUDERDALE FL 33316

Name

Street Address (P.O. Box Number is Not Acceptable)

312 BONTONA AVENUE

City

FORT LAUDERDALE

FL

Zip Code

33301-2418

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **BRUCE, DERBY M**
 CITY-ST-ZIP **11650 NORTHWEST 4TH STREET**
PLANTATION FL 33325

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **312 BONTONA AVENUE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301-2418**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DERBY, BRUCE M

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-2 954-522-2222

CR2E034 (9/01)